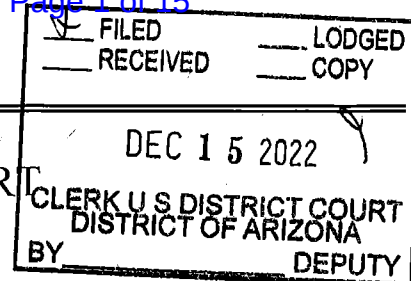


Pro Se 1 (Rev. 12/16) Complaint for a Civil Case



## UNITED STATES DISTRICT COURT

for the

US District of Arizona

Division

Case No.

**CV22-02118-PHX-MTL**

(to be filled in by the Clerk's Office)

Tyrisha L Davis

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

Consumer Safety Technology/Intoxalock

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Tyrisha L Davis
Street Address	Po Box 37453
City and County	Phoenix , Maricopa
State and Zip Code	Arizona 85069
Telephone Number	515 537-9464
E-mail Address	tyrisha86@gmail.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	Consumer Safety Technology/Intoxalock
Job or Title <i>(if known)</i>	Company
Street Address	11035 Aurora ave
City and County	Urbandale, Polk
State and Zip Code	Iowa, 50322
Telephone Number	877-777-5020 ext. 4022/ 515-398-0995
E-mail Address <i>(if known)</i>	NA

## Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

- ☐ Federal question ☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* Tyrisha L Davis, is a citizen of the State of *(name)* Arizona.

**b. If the plaintiff is a corporation**

The plaintiff, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_. Or is a citizen of *(foreign nation)* \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) Consumer Safety Technology, is incorporated under the laws of the State of (name) Iowa, and has its principal place of business in the State of (name) Arizona.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) United States, Iowa, Arizona.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

Due to loss wages, pain and suffering, punitive damages

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**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Please see attachment from EEOC charges: ARIZONA ATTORNEY GENERAL'S OFFICE, CIVIL RIGHTS DIVISION and EEOC

State or local Agency, if any

I want this charge filed with both the EEOC and the State or local Agency, NOTARY – When necessary for State and Local Agency Requirements

if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE

(month, day, year)

Digitally signed by Tyrisha Davis on 10-06-2021

04:27 PM EDT

I was hired by the above-named employer on or around August 28, 2017 as an Account Specialist.

I was harassed by supervisors Steve Klepper and Sheila Thomas; in early 2021 training requirements were imposed on me that I was unable to fulfill because of IT issues with the employer's computer systems. My schedule was changed without warning on or around February 2, 2021, causing me a great deal of stress. On February 3, 2021 I was speaking to Alex an IT guy whom was supposed to assist me with my computer issues and did not. This stress led to a panic attack and brought on a disabling medical condition. HR representative Christine Brown provided misleading information about me to my employer's short-term disability provider United Health Care, preventing me from accessing short-term disability benefits. Christine Brown targeted me in retaliatory actions to end my career. My doctor stated I could no longer work in a call center setting and the employer terminated my employment without offering me a different position inside the company. I did my research and saw that they had other jobs available that I qualify for, but they never offered me any other position or made me aware of what I could have done within my doctor's order.

I believe that I have been harassed and subjected to unequal terms and conditions of employment due to my age, race (Black/African-American woman), and disability, in violation of the Age Discrimination in Employment Act of 1967, the Americans with Disabilities Act of 1990, and Title VII of the Civil Rights Act of 1964, as amended.

Title VII of the Civil Rights Act of 1964

Americans with Disabilities Act of 1990

Title VII prohibits employment discrimination based on race, color, religion, sex, and national origin

Workplace harassment, retaliation, disability discrimination

Not being promoted in the company

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**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I would like the court to remedy this claim in monetary compensation \$750,000.

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**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12/10/2022

Signature of Plaintiff Tyrisha L Davis 

Printed Name of Plaintiff Tyrisha L Davis

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

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State and Zip Code

Telephone Number

E-mail Address

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EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>540-2021-03129</b>	
<b>ARIZONA ATTORNEY GENERAL'S OFFICE, CIVIL RIGHTS DIVISION</b> and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) <b>MS. TYRISHA DAVIS</b>		Home Phone <b>515-537-9464</b>	Year of Birth <b>1986</b>
Street Address City, State and ZIP Code <b>P.O. BOX 84021, PHOENIX, AZ 85071</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>CONSUMER SAFETY TECHNOLOGY LLC DBA INTOXALOCK</b>		No. Employees, Members <b>101 - 200</b>	Phone No. <b>(844) 677-9243</b>
Street Address City, State and ZIP Code <b>11035 AURORA AVE., URBANDALE, IA 50322</b>			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest                      Latest <b>02-02-2021    09-23-2021</b> <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.  I declare under penalty of perjury that the above is true and correct.  <b>Digitally signed by Tyrisha Davis on 10-06-2021 04:27 PM EDT</b>	<b>NOTARY - When necessary for State and Local Agency Requirements</b>  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
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Charge Presented To:

Agency(ies) Charge  
No(s):☐

FEPA

☒

EEOC

**540-2021-03129****ARIZONA ATTORNEY GENERAL'S OFFICE, CIVIL RIGHTS DIVISION**

and EEOC

*State or local Agency, if any*

**I was hired by the above-named employer on or around August 28, 2017 as an Account Specialist.**

**I was harassed by supervisors Steve Klepper and Sheila Thomas; in early 2021 training requirements were imposed on me that I was unable to fulfill because of IT issues with the employer's computer systems. My schedule was changed without warning on or around February 4, 2021, causing me a great deal of stress. This stress led to a panic attack and brought on a disabling medical condition. HR representative Christine Brown provided misleading information about me to my employer's short-term disability provider, preventing me from accessing short-term disability benefits.**

**I believe that I have been harassed and subjected to unequal terms and conditions of employment due to my age, race (Black/African-American), and disability, in violation of the Age Discrimination in Employment Act of 1967, the Americans with Disabilities Act of 1990, and Title VII of the Civil Rights Act of 1964, as amended.**

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

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04:27 PM EDT**

NOTARY - *When necessary for State and Local Agency Requirements*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

CP Enclosure with EEOC Form 5 (11/09)

**PRIVACY ACT STATEMENT:** Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

- 1. FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
- 2. AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
- 3. PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
- 4. ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
- 5. WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

#### **NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW**

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

#### **NOTICE OF NON-RETALIATION REQUIREMENTS**

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an

investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

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<p><b>I was hired by the above-named employer on or around August 28, 2017 as an Account Specialist.</b></p> <p><b>I was harassed by supervisors Steve Klepper and Sheila Thomas; in early 2021 training requirements were imposed on me that I was unable to fulfill because of IT issues with the employer's computer systems. My schedule was changed without warning on or around February 4, 2021, causing me a great deal of stress. This stress led to a panic attack and brought on a disabling medical condition. HR representative Christine Brown provided misleading information about me to my employer's short-term disability provider, preventing me from accessing short-term disability benefits.</b></p> <p><b>I believe that I have been harassed and subjected to unequal terms and conditions of employment due to my age, race (Black/African-American), and disability, in violation of the Age Discrimination in Employment Act of 1967, the Americans with Disabilities Act of 1990, and Title VII of the Civil Rights Act of 1964, as amended.</b></p>	

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<p>I declare under penalty of perjury that the above is true and correct.</p> <p align="center"><b>Digitally signed by Tyrisha Davis on 10-06-2021 04:27 PM EDT</b></p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>

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investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.